An Introduction to Montana's Kids Management Authorities (KMAs)

Background:

During the 2003 Legislative Session, the Legislature continued the work of Senate Bill 454, (Title 52, Chapter 2, Part 3), Montana's first multi-agency children's bill, in the form of Senate Bill 94. This statute charges the State of Montana, under the guidance of the Department of Public Health and Human Services (DPHHS), with the creation of a system of care. The system includes both an infrastructure and a comprehensive continuum of services for Montana's high-risk youth and their families, who are currently served by multiple agencies.

Senate Bill 94 also provided for the establishment of the Children's System of Care Planning Committee (SOC Committee), which coordinates the development of the State's system of care. This committee's membership is comprised of representatives from:

- State agencies which provide services to children;
- Parents
- Providers
- Native Americans; and
- Advocates.

The State, through the SOC Committee, provides leadership in the development of the system of care and Kids Management Authorities (KMAs) within Montana's communities.

This system will be designed through the efforts of the State and local communities. The KMA is the infrastructure upon which the State system of care will be built. The State is committed to this approach and has committed a limited amount of financial resources toward helping communities establish KMAs. The State, in partnership with the community, shares in the responsibility to ensure all KMA Community Team members are working together toward common goals and objectives.

The State also supports the development of KMAs on Montana's reservations. Because these organizations will be sensitive to the cultural structure of the respective reservations, this may result in a KMA that appears somewhat different than a non-reservation KMA. However, adherence to the basic principles and values of a system of care would still be foremost in their creation.

The KMA is built upon the values and principles of a system of care (articulated by Stroul and Friedman, *"Building Systems of Care - A Primer"*, 2002):

- *A system of care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.*

- *The system of care should be community based, with the locus of services as well as management and decision-making responsibility resting at the community level.*

- *The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they service.*

How it works:

The KMA is the infrastructure that supports a comprehensive and statewide system of care. The KMA has two primary functions, development of a continuum of care within their respective community, and case planning and coordination for individual youth with SED and their families. This system of care is child-focused and family-driven. It also provides wrap-around services to youth and their families within their community. Characteristics of the system include:

- A service design and delivery based upon the strengths of the youth, family, and community;
- An awareness of familial, cultural, racial, and ethnic differences;
- A focus on prevention/early intervention;
- An orientation toward outcome/results; and
- A funding mechanism that blends available resources.

The SOC Committee, together with community KMAs, identifies training needs, service gaps, funding, and other barriers to service delivery. Together, they implement responses to identified needs.

Funding:

In order for KMAs to be sustained over time, funding for operations must come from a variety of sources. Ideally, this funding should be flexible and not connected to any one category. The use of funds should be related to best practice principles and serve the needs of youth and their families.

Administrative functions related to KMAs will need assistance, including financial support. The DPHHS Health Resources Division's Children's Mental Health Bureau is committed to identifying funding to assist local KMAs.

Who KMAs help:

KMAs are geared primarily toward children with serious emotional disturbances who are at risk of, or currently residing in, out-of-home placement. These youths are typically served by many agencies.

The primary population also includes children under the age of six. The multiple treatment needs of these youths evolve and change over time.

Each KMA has the discretion to serve a secondary population of youth based on its ability to do so.

KMA Community Design Team Membership:

The KMA Community Team is a multi-agency community organization comprised of:

- Parents;
- Youth;
- State agencies serving children, including the DPHHS divisions of Child and Family Services, Developmental Disabilities, and Health Resources, as well as the Department of Corrections and Youth Court;
- Other programs that serve Montana's youth, including First Health;
- Tribal representatives;
- Providers; and
- Advocates.

KMA Community Team representatives will have the authority to make decisions about and allocate money for services to youth and their families. When the KMA is serving a Tribal community, Tribal representatives must have the opportunity to participate as full members in the KMA.

Because KMAs are local organizations, Tribal communities may wish to develop them respective to their communities as an option to joining off-reservation KMAs. To ensure coordination with Service Area Authority (SAA) activities, a representative of the regional SAA must have the opportunity to participate as a full member in the KMA. The KMA may add representatives of other community organizations and leaders as appropriate.

KMA Community Team Goals and Tasks:

Goal 1: Design, implement, and support a community-based system of care for youths and their families.

The KMA will accomplish this goal in two ways: As leaders within their communities, Community Team members identify gaps in the community system and develop needed resources for youth and their families. As the Youth Coordination Team, the KMA plans, coordinates, and delivers services to individual youth and their families within communities.

Task 1: Build consensus among agencies in order to create a community focused on improving the lives of children and their families.

Task 2: Identify and/or create funding sources. This includes exploring various funding avenues, from fund raising to grant granting, as well as blending available monies in creative and flexible ways.

Task 3. Conduct broad-based community assessments; profile local gaps, strengths, and assets; and locate and/or establish needed resources within the community.

Task 4. Develop policies and procedures to ensure a unified and comprehensive delivery of services.

Task 5. Design data gathering methods, processes, and distribute data about all aspects of the needs of youth with serious emotional disturbance and their families to the State, community, providers, and the consumer.

Task 6. Track and monitor outcomes, collect data, and analyze information to support learning and decision making.

Task 7. Serve as a gateway to the SED waiver established by the State.

Goal 2: Integrating wrap-around philosophy into service delivery.

Task 1. Develop mechanisms at the local level that ensure providers adhere to the basic principles of wrap-around philosophy as they implement plans developed by the Individual Care Coordination Team. This philosophy emphasizes that services will be delivered in full partnership with families, stressing the importance of outcomes and cultural competence.

Goal 3: Reduce the stigma surrounding serious emotional disturbances for individuals and their families.

Task 1. Serve as local educators regarding the comprehensive treatment process and needs of youth with serious mental illnesses and their families.

Task 2. Establish and implement a plan for identifying and training parents and youth to be active in policy making functions of the KMA and the system of care. Provide training to parents and youth to serve as mentors to other parents, and formalize their roles as parent/youth advocates.

Goal 4: Partner with the State to provide information on the system's needs and development, participate in policy development, and educate legislators on the needs of youth with serious emotional disturbances and the impact on their families.

Task 1: Identify barriers to the delivery of services and communicate to the SOCs committee.

Task 2: Assist in adjusting policies, procedures, administrative rules, and protocols for the service system to accommodate integrated programming and a seamless continuum of care for youth.

Task 3. Serve as consultants/mentors by sharing ideas, experiences, and expertise with other communities.

KMA Individual Care Coordination Team Membership:

The Youth Care Coordination Team at a minimum consists of representatives from all State agencies that serve children. These representatives must have the authority to make fiscal decisions regarding services to youth and their families. Membership is specific to the youth and family being served. The parent is the key member and participant of this team, unless parental rights have been modified. The team leader for each meeting is established by the team.

In addition to these members, the youth's case manager, parole officer, and/or social worker are expected to participate in the planning, monitoring, and delivery of services developed by the Team.

Membership on the team may vary according to the needs of the child and his family, and may include:

- Caregivers;
- Mentors;
- Neighbors;
- Clinical consultants;
- Legal advocates;
- Agency representatives;

- School personnel;
- Tribal representatives;
- First Health; and
- Other individuals who best know the strengths and needs of the youth, family, and service system.

The team serves as the means by which all efforts and resources of the community and involved parties are organized and delivered in a comprehensive and unified way.

KMA Individual Care Coordination Team Goal/Tasks:

Goal: The Youth Coordination Team enhances access to an integrated, wrap-around system of services designed for the individual needs of children with serious emotional disturbances and their families.

Task 1: Meet as needed to coordinate service planning, delivery, and funding.

Task 2: Monitor service delivery for high-cost youth.

Operations:

The KMA's Community Team conducts its meetings on a regular basis at a place and time designated by its members. These meetings are focused on system issues and service continuum development. They are open to the public, except when specific cases are part of the discussion.

Youth Coordination Team meetings are limited to those individuals who need to be involved in the delivery of services or whose attendance has been requested by the youth and/or family. These meetings must adhere to HIPAA confidentiality requirements. The KMA will develop protocols for referrals based on individual community needs. Children may access the KMA by an agency, through a case manager, or by a member of the KMA team.

Under Montana law, KMAs meet the definition of a County Interdisciplinary Child Information Team and must abide by all related confidentiality standards. All agencies committed to being a part of the KMA must sign a Memorandum of Understanding and comply with HIPAA regulations.

The Benefits of a KMA:

The benefits of having a KMA for high-risk youth, their families, and their communities are many, including:

- Children and their families have a unified plan of care, which minimizes confusion;
- Children and their parents are the most significant members of the Youth Coordination Team;
- Children and their families experience fewer crises;
- Children receive the majority of their care in family-centered, community-based settings;
- Children are more competent at home and at school;
- Parents have a better support system; and
- Parents are more satisfied and empowered in the design and delivery of services for their children.
- Services and treatment is based on the strengths of the youth and family.

Its advantages for agencies include:

- Increased trust regarding the planning and delivery of services to youth and their families;
- Easier information sharing among agencies;
- Reduced paper work and administration;
- Unification in the care plan for children and families with multi-agency needs;
- Reduced pressure on partner agencies' budgets, allowing for the transfer of resources to more preventative and less costly services.

Its advantages for the community include:

- Ownership and accountability for children and their families' development in the community;
- Involvement in a creative process of providing services to youth and their families;
- An awareness and utilization of informal community supports for children and their families; and
- An increased sense of satisfaction regarding the accountability and effectiveness of services provided to youth and their families.

Challenges of a KMA:

While there are many benefits surrounding the establishment of KMAs, they are equally accompanied by challenges for participants, including:

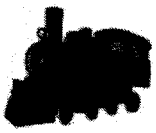
- Resisting change, which may require altering the manner in which decisions are made;
- Sharing in the process of service planning;

- Changing the philosophy about how those decisions are made (family driven vs. agency driven), which could be met with some resistance;
- Accepting the values and philosophy of a KMA among agencies, which could be met with resistance;
- Evidence-based service development and delivery may be new challenges for the system of care;
- Funding source restrictions;
- Lack of appropriate services (such as family focused services and community based services); and
- Lack of provider networks.

GLOSSARY OF TERMS

SED	Serious Emotional Disturbance
SOC	Children's System of Care Planning Committee
KMA	Kid Management Authority
SAA	Service Area Authority
DPHHS	Department of Public Health and Human Services

Children's Mental Health



What is Wraparound Process?

It looks like a treatment team meeting at first, but it is much more than that. It goes way beyond and never quits.

- It's the process of bringing people together from different parts of the family's whole life. With help from a facilitator, people from the family's life work together, add their perspectives about the family's strengths, and coordinate their activities to support the family,

What is a Wraparound Process Facilitator?

- A person who is trained to coordinate the wraparound process for an individual family.

What is a Wraparound Process Team?

- A group of people, chosen by the family, who are connected to them through natural, community, and formal support relationships. With the family, the team develops and implements the family's plan, addresses unmet needs, and works toward the family's vision.

What do we know about Wraparound process?

It works! But fidelity to the process is the key to success. Research indicates that there were significantly higher success rates in communities practicing High Fidelity Wraparound. The more a wraparound team sticks to the established principles, the better the results in both measured outcomes and in family satisfaction.
There are different ways to measure fidelity- through surveys asking the participants questions regarding their experience; through assessment tools, and/or through structured team observation.

How is Montana implementing a System of Care based on Wraparound process?

Montana is implementing Wraparound Process facilitation by offering training to grow our own experts. The goal is to train trainers, as well as increase the number of wrap around facilitators available in communities. To assure that wrap around facilitation is high fidelity, the Children's Mental Health Bureau is

developing a certification process for wraparound facilitators.

Progress to date includes:

- Three rounds of intensive wrap around facilitation training have been completed. (Helena, Billings, and Great Falls)
- Another wrap around training is planned. The location will be announced after 1/1/09.
- Montana is in the process of developing a certification process to endorse Wraparound Process facilitation

Initial certification requirement will include (but not be limited to):

- Completion of basic training curriculum involving including ongoing peer to peer coaching.
- Demonstration of knowledge about Wraparound Process and principles through a written examination.
- Documentation of competency through observation and supervision of Wraparound facilitation.

Ongoing certification requirements may include.....

- Required data collection using a fidelity questionnaire administered to youth and families receiving services.
- Required outcome data collection demonstrating family improvement.

For more information on Wraparound training visit
www.wraparoundmt.org

Outcomes so far in Montana's System of Care!

As of September 02, 2008 Montana's System of care has served 120 families. Of these families 67 have been enrolled in an extensive longitudinal study which follows families for three years after enrollment into services.

Also as of September 02, 2008 22 families have baseline and 6 month follow up data collected from numerous different instruments. So far the Child Behavioral Checklist (CBCL) has been analyzed comparing the 22 families who have been served by our Montana system of Care. Below is a chart showing averages of eleven different CBCL scores at intake into System of Care Services and the averages at the six month follow up interview.

Scale	Baseline T score mean	6 month follow-up T score mean	Significance Level	Change
1. Anxious Depressed	76.04	68.3	0.01	7.74
2. Withdrawn				
3. Depressed	72.04	66.65	0.05	5.39

4. Thought Problems	76.22	72.65	0.05	3.57
5. Attention Problems	76.61	70.09	0.01	6.52
6. Rule Breaking 7. Behavior	71.65	66.78	0.05	4.87
8. Aggressive Behavior	77.26	71.96	0.05	5.3
9. Internalizing	74.3	68.74	0.05	5.56
10. Externalizing	74.04	69.43	0.05	4.61
11. Total Problem	76.65	72.3	0.05	4.35

Score Interpretation

For the first eight scales: (syndrome scales)

- T scores less than 67 are considered in the normal range
- T-scores ranging from 67-70 are considered to be borderline clinical, and
- T scores above 70 are in the clinical range.

For scales nine through eleven: (competency scales)

- T scores less than 60 are considered in the normal range
- 60-63 represent borderline scores, and
- Scores greater than 63 are in the clinical range.

Highlights:

1. All scales show a reduction at the 6 month interview.
2. The largest reduction occurred in the Anxious/Depressed scale going from an average T-score above clinical range to an average T-score within borderline range.
3. All eight syndrome scales averaged within clinical range. At six months the depressed scale and rule breaking behavior scale presented within "normal" range.

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The real voyage of discovery consists not in seeking new landscapes, but in having new eyes.

-Marcel Proust

Wraparound Process

The wraparound process involves a team of individuals-family members, natural supports, service providers, and agency representatives-coming together as equals to form an individualized plan of care for a youth with serious needs in any life domains and his or her family. The team develops, implements, and evaluates the plan over time. The plan usually consists of formal services, informal supports, and community activities and services aimed at maintaining the youth and family in the community.

10 Principles of Wraparound

- Family Voice and Choice
- Team Based
- Natural Supports
- Collaboration
- Community Based
- Culturally Competent
- Individualized
- Strengths Based
- Persistence
- Outcome Based

Upcoming Training Opportunity

The next Wraparound Process Training will be held in Missoula April 27-May 1. To register, please go to the Training and Event page. If you would like more information, please contact Lorrie Biltoft via e-mail or at 406-444-5905.

"I thought I was doing Wraparound but I realize now that I am not."

Rick Hamblin, Yellowstone Boys' and Girls' Ranch

Questions or comments?

If you have questions or comments, please submit them through our questbook.